OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY
PDR

CHANGE 69
OCHAMPUS 6010.50-M
July 10, 1998

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
AUTOMATED DATA PROCESSING AND REPORTING MANUAL

THE DIRECTOR, OCHAMPUS, HAS AUTHORIZED THE FOLLOWING CHANGE(S) TO OCHAMPUS
MANUAL 6010.50-M, REISSUED JULY 1992:

PAGE CHANGE(S):   CHAPTERS 2, 4, 5 and 6

REMOVE AND INSERT PAGE(S):   (See page 2 of this transmittal)

SUMMARY OF CHANGE(S): THIS CHANGE REVISES THE MEDICARE SUBVENTION
DEMONSTRATION PROGRAM. THIS CHANGE IS ISSUED IN CONJUNCTION WITH OPERATIONS
MANUAL CHANGE NO. **117.**

EFFECTIVE DATE AND IMPLEMENTATION: UPON DIRECTION OF THE CONTRACTING OFFICER.

Sheila H. Sparkman
Director, Program Development and Evaluation

ATTACHMENT(S):   123 PAGE(S)
DISTRIBUTION: 6010.50-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH THE BASIC DOCUMENT

REMOVE PAGE(S)   ## INSERT PAGE(S)

CHAPTER 2

    2.III-17 & 2.III-18   2.III-17 & 2.III-18

    2.V-3 & 2.V-4   2.V-3 & 2.V-4

    2.VII-21 & 2.V-22   2.VII-21 & 2.V-22

    2.VIII-15 THROUGH 2.VIII-18   2.VIII-15 THROUGH 2.VIII-18

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    6.V-9 & 6.V-10   6.II-3 THROUGH 6.II-12

    6.V-33 THROUGH 6.V-36   6.V-33 THROUGH 6.V-36

Data Element Definition

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Header	0-082	1	Yes[1]

Primary Picture (Format) Two (2) alphanumeric characters.

Definition A Branch of Service indicator for the HCSRs in the voucher. All FI HCSRs must be grouped by Sponsor Branch of Service in addition to Record Type. EXCEPTION: A Continued Health Care Benefit Program (CHCBP) voucher may contain HCSRs with mixed Sponsor Branches of Service in addition to mixed Record Types.

Code/Value Specifications

01 Army (do not use after 9/30/98)

02 Air Force (do not use after 9/30/98)

03 Marine Corps/Navy (do not use after 9/30/98)

04 Reserved for future use

05 Non-DoD

10 Continued Health Care Benefit Program (CHCBP)

21 Active Duty - Army

22 Active Duty - Air Force

23 Active Duty - Marine Corps/Navy

25 Active Duty - Non DoD

71 Army - Direct Pay

Data Element Definition

Element Name: **Voucher Branch of Service (Continued)**

<table>
<tr><td rowspan="12" valign="top">Code/Value Specifications
(Continued)</td><td>72</td><td>Air Force - Direct Pay</td></tr>
<tr><td>73</td><td>Marine Corps/Navy - Direct Pay</td></tr>
<tr><td>FA</td><td>TRICARE Senior Prime
Dover AFB, Dover, Delaware</td></tr>
<tr><td>FB</td><td>TRICARE Senior Prime
Keesler AFB, Biloxi, Mississippi</td></tr>
<tr><td>FC</td><td>TRICARE Senior Prime
Brook Army Medical Center, San Antonio, TX</td></tr>
<tr><td>FD</td><td>TRICARE Senior Prime
Wilford Hall Medical Center, San Antonio, TX</td></tr>
<tr><td>FE</td><td>TRICARE Senior Prime
Ft. Sill, Oklahoma</td></tr>
<tr><td>FF</td><td>TRICARE Senior Prime
Sheppard AFB, Wichita Falls, Texas</td></tr>
<tr><td>FG</td><td>TRICARE Senior Prime
Fort Carson, Colorado Springs, Colorado</td></tr>
<tr><td>FH</td><td>TRICARE Senior Prime
Air Force Academy, Colorado Springs, CO</td></tr>
<tr><td>FJ</td><td>TRICARE Senior Prime
Naval Medical Center San Diego, San Diego, California</td></tr>
<tr><td>FK</td><td>TRICARE Senior Prime
Madigan Army Medical Center, Fort Lewis, Washington</td></tr>
</table>

Refer to the next page for instructions on determining Voucher Branch of Service.

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	Voucher Number

Notes and Special Instructions:

[1] *Blank fill except for FI Institutional/Non-Institutional vouchers.*

Data Element Definition

Element Name: Enrollment Status

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-105	1	Yes
Non-Institutional	2-105	1	Yes

Primary Picture (Format) Two (2) alphanumeric characters.

Definition Code indicating whether the patient is enrolled with the Contractor (Prime) or not (Non-Prime), or the care was received under the Standard CHAMPUS Program or the care was received under the Continued Health Care Benefit Program (CHCBP).

Code/Value Specifications

A   CRI - FOUNDATION HEALTH PLAN

B   CRI - PARTNERS HEALTH PLAN

C   CRI - QUEEN'S HEALTH CARE PLAN

N   CRI - NOT ENROLLED, NOT STANDARD CHAMPUS (EXTRA)

D   MANAGED CARE SUPPORT TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM

E   MANAGED CARE SUPPORT TRICARE-TIDEWATER PRIME

G   MANAGED CARE SUPPORT TRICARE-TIDEWATER EXTRA

S   CRI STANDARD CHAMPUS PROGRAM

F   *TRICARE* STANDARD PROGRAM

O   NEW ORLEANS PRIME

P   NEW ORLEANS NOT ENROLLED, NOT STANDARD CHAMPUS

Notes and Special Instructions:

Left justify and blank fill. Use the above codes irrespective of Partnership or other agreements.

Enrollment Status U shall be used for CONUS and also for TRICARE Overseas Program Prime eligibles.

Chapter 2

Data Requirements

Data Element Definition

Element Name:	**Enrollment Status (Continued)**

Code/Value Specifications
(Continued)

Q   NEW ORLEANS COORDINATED CARE STANDARD CHAMPUS PROGRAM

H   MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT

I   MANAGED CARE SUPPORT - HOMESTEAD, NON- ENROLLED PATIENT, NETWORK PROVIDER

J   MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM

K   MANAGED CARE SUPPORT - CALIFORNIA/ HAWAII, TRICARE PRIME ENROLLED PATIENT

L   MANAGED CARE SUPPORT - CALIFORNIA/ HAWAII, NON- ENROLLED PATIENT, NETWORK PROVIDER (TRICARE EXTRA)

M   MANAGED CARE SUPPORT - CALIFORNIA/ HAWAII STANDARD CHAMPUS PROGRAM

R   *TRICARE EXTRA - NORTH CAROLINA*

Y   CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) *STANDARD*

T   MANAGED CARE SUPPORT STANDARD CHAMPUS PROGRAM

U   MANAGED CARE SUPPORT PRIME, CIVILIAN PCM

V   MANAGED CARE SUPPORT EXTRA

W   GSU ACTIVE DUTY CLAIMS - USA

X   ACTIVE DUTY MEMBER CLAIMS - EUROPE

Z   MANAGED CARE SUPPORT PRIME, MTF/ PCM

Notes and Special Instructions:

Left justify and blank fill. Use the above codes irrespective of Partnership or other agreements.

Enrollment Status U shall be used for CONUS and also for TRICARE Overseas Program Prime eligibles.

Data Requirements

Data Element Definition

Element Name: **Principal Treatment Diagnosis**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-315	1	Yes
Non-Institutional	2-255	1	Yes

Primary Picture (Format) Six (6) alphanumeric characters.

Definition The condition established, after study, to be the major cause for the patient to obtain medical care as coded on the claim form or otherwise indicated by the provider.

Code/Value Specifications Must limit to 5 of the 6 positions available. Use the most current diagnosis code edition, as directed by OCHAMPUS. Must provide the most detailed code. Left justify and blank fill. Do not code the decimal point, which for ICD-9-CM is always assumed to be following the third position.

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:
N/A

Data Element Definition

Element Name: Procedure Code

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Non-Institutional	2-290	Up to 25	Yes

Primary Picture (Format) Five (5) alphanumeric characters.

Definition Code indicating the procedure which describes the care received.

Code/Value Specifications See Physician's Current Procedure Terminology (CPT-4), or HCPCS National Level II Medicare Codes or OCHAMPUS approved codes (Figure 2-F-1).

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

Comprehensive Clinical Evaluation Program claims, Supplemental Care Claims, Active Duty Service Member GSU claims and TRICARE Senior Prime claims may bear other codes for allowed procedures.

Data Requirements

Data Element Definition

Element Name: Special Processing Code (Continued)

<table>
<tr><td rowspan="22" valign="top">Code/Value Specifications
(Continued)</td><td>W</td><td>Not-At-Risk payment by at-risk claims processor</td></tr>
<tr><td>X</td><td>Partial hospitalization - provider not contracted with or employed by the partial hospitalization program billing for psychotherapy services in a partial hospitalization program</td></tr>
<tr><td>Y</td><td>Heart-Lung Transplant</td></tr>
<tr><td>Z</td><td>Combined Liver-Kidney Transplant or Kidney only after March 1, 1997</td></tr>
<tr><td>!</td><td>Northern Region Coordinated Care</td></tr>
<tr><td>@</td><td>Active Duty Cost Share Ambulatory Surgery Taken From Professional Claim</td></tr>
<tr><td>#</td><td>Hospice</td></tr>
<tr><td>$</td><td>Capitated arrangements</td></tr>
<tr><td>%</td><td>Abused Family Member</td></tr>
<tr><td>&</td><td>Bone Marrow Transplants - TMA approved</td></tr>
<tr><td>*</td><td>VA Medical Center Claim</td></tr>
<tr><td>?</td><td>Ambulatory Surgery Facility Charge</td></tr>
<tr><td>AD</td><td>Active Duty Claims</td></tr>
<tr><td>BD</td><td>Bosnia Deductible - 12/8/95</td></tr>
<tr><td>MH</td><td>Mental Health Active Duty Cost Share</td></tr>
<tr><td>MS</td><td>Medicare Subvention/TRICARE-Senior Prime <i>(Network)</i></td></tr>
<tr><td>MN</td><td><i>Medicare Subvention/TRICARE-Senior Prime (Non-Network)</i></td></tr>
<tr><td>PO</td><td>TRICARE Prime - Point of Service</td></tr>
</table>

Notes and Special Instructions:

[1] *Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill. Refer to Addendum K for hierarchy to apply when more than 1 Special Processing Codes must be reported.*

Data Element Definition

Element Name:	Special Processing Code (Continued)

ST   Specialized Treatment

WR   Mental Health Wraparound Demonstration

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	Processing Code

Notes and Special Instructions:

[1] *Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill. Refer to Addendum K for hierarchy to apply when more than 1 Special Processing Codes must be reported.*

Data Element Definition

Element Name: **Special Rate Code**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-198	1	Yes
Non-Institutional	2-203	1	Yes

Primary Picture (Format) Two (2) alphanumeric characters.

Definition Code indicating care that requires special rate.

Code/Value Specifications

Blank	No special rate
D	Discount rate agreement[2]
P	Per diem rate agreement[1]
A	DRG reimbursement with 4% discount
B	DRG reimbursement with 3% discount
C	DRG reimbursement with 2% discount
E	DRG reimbursement with 1% discount
F	DRG reimbursement with no discount
G	CHAMPUS DRG reimbursement with LONG STAY OUTLIER[1]
H	CHAMPUS DRG reimbursement with SHORT STAY OUTLIER[1]
I	CHAMPUS DRG reimbursement with COST OUTLIER[1]
J	CHAMPUS DRG reimbursement with NO OUTLIER[1]
K	Hospital-Specific Psychiatric Per Diem Rate[1]
L	Region-Specific Psychiatric Per Diem Rate[1].

Notes and Special Instructions:

Left Justified, Blank filled

[1] *Institutional only*

[2] *Required for a provider with a negotiated rate when OHI is involved, unless Special Processing Codes 'A', or 'M' are used.*

Data Element Definition

Element Name: Special Rate Code (Continued)

Code/Value Specifications (Continued)		
	M	Discounted CHAMPUS DRG reimbursement with LONG STAY OUTLIER[1]
	N	Discounted CHAMPUS DRG reimbursement with SHORT STAY OUTLIER[1]
	O	Discounted CHAMPUS DRG reimbursement with COST OUTLIER[1]
	Q	Discounted CHAMPUS DRG reimbursement with NO OUTLIER[1]
	R	Ambulatory Surgery Facility Payment Rate
	S	Discounted Ambulatory Surgery Facility Payment Rate
	T	Non-participating Provider 10% Payment Reduction
	V	*Medicare Reimbursement Rate*

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	Processing Code

Notes and Special Instructions:

Left Justified, Blank filled

[1] *Institutional only*

[2] *Required for a provider with a negotiated rate when OHI is involved, unless Special Processing Codes 'A', or 'M' are used.*

Addendum K   HCSR Special Processing Code Hierarchy

Priority	SPC	Description
1	1	Medicaid
2	T	Medicare/*TRICARE* Dual Entitlement (Normal COB Processing)
3	R	Medicare/*TRICARE* Dual Entitlement
4	U	Medicare pharmacy (Section 702) claim
5	E	HHC-CM Demonstration
6	6	Home Health Care (Non-Institutional Only)
7	L	Chiropractic Care Demonstration
8	M	Health Care Finder & Participating Provider Program
9	A	Partnership Program (Internal provider with signed agreement)
10	B	Partnership Program (External provider with signed agreement)
11	C	Partnership Program (External provider without a Signed Agreement who assisted or provided ancillary support)
12	!	Northern Region Coordinated Care
13	@	Active Duty Cost Share Ambulatory Surgery taken From Professional Claim
14	?	Ambulatory Surgery Facility Charge
15	9	Fort Drum Cooperative Medical Care
16	K	Georgia/Florida PPO
17	8	Contracted Provider Arrangement (only valid for Mid-Atlantic Region)
18	2	Cooperative Care
19	N	*TRICARE* Select
20	ST	Specialized Treatment
21	3	Allogeneic Bone Marrow Recipient (Wilford Hall referred only)
22	5	Liver Transplant
23	7	Heart Transplant
24	D	DRG Qualifying for Interim Payment (Institutional Only)
25	O	Charleston Naval Hospital CAMCHAS Services

Priority	SPC	Description
26	F	Reynolds Army Community Hospital (Fort Sill, OK)
27	G	Evans Army Community Hospital (Fort Carson, CO)
28	H	Charleston Naval Hospital Catchment Area
29	I	Bergstrom AFB Catchment Area
30	MS	Medicare Subvention/TRICARE-Senior Prime
31	MN	*Medicare Subvention/TRICARE-Senior Prime (Non-Network)*
32	J	Luke/Williams AFB Catchment Area
33	Q	Active Duty Delayed Deductible
34	S	Resource sharing
35	V	At-risk payment by at-risk claims processor
36	W	Not-At-Risk payment by at-risk claims processor
37	&	Bone Marrow Transplants - TMA approved
38	Y	Heart-Lung Transplant
39	Z	Liver-Kidney Transplant
40	$	Capitated arrangements
41	X	Providers not contracted with or employed by the partial hospitalization program billing for psychotherapy services in a partial hospitalization program (excludes demonstrations)
42	%	Abused Family Member
43	*	VA Medical Center Claim
44	#	Hospice
45	O	Hospice Non-Affiliated Providers
46	MH	Mental Health
47	BD	Bosnia Deductible - 12/8/95
48	AD	Active Duty Claims
49	WR	Mental Health Wraparound Demonstration

NOTE:

Because the HCSR can accommodate up to three Special Processing Codes (SPCs) on a single record, multiple codes shall be reported on HCSRs. If more than one code is applicable for a given claim, all codes (up to three) shall be reported on the HCSR.

Element Name:	Voucher Fiscal Year (0-085)		

Validity Edits

0-085-01	MUST BE NUMERIC.

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
0-085-02R	RECORD TYPE	ZERO **WHEN** RECORD TYPE = '0'	
0-085-03R	PERIOD END DATE	FISCAL YEAR = **WHEN**. RECORD TYPE= '5'	RECORD TYPE